September 2013

PSNC Briefing 096/13: Update on the Health and Care Landscape

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

Shingles vaccine campaign commences

The start of September saw the commencement of the new Shingles vaccination campaign. GP practices will offer vaccination against varicella zoster virus to adults aged 70 to 79 across the UK – a patient cohort of approximately 800,000 individuals. This marks the start of a programme of routine vaccination of all 70-year-olds against Shingles.

Collaborative local commissioning

In an interview with GP, Dr David Geddes, Head of Primary Care Commissioning at NHS England has said "There is work to be done on how Area Teams and Clinical Commissioning Groups collaborate and co-commission, because funding will in future follow care pathways developed as primary care 'wraparound' services."

Referring to the workload capacity constraints being experienced by many general practices, Dr Geddes went on to say "That will also mean using those funds to commission alternative providers, such as pharmacists, to pick up some of that workload. Even with the funding, you've still got a capacity issue [in general practice]. So we need to make sure some of the work currently being delivered in primary care [general practice] can be distributed, if needs be through other contractors."

This suggestion fits well with the proposals for community pharmacy to support general practice management of patients with long term conditions recently described in PSNC's narrative on its Vision for community pharmacy.

Public health budget ring fence to continue

In his weekly 'Friday message' on 30th August Duncan Selbie, CEO of Public Health England noted that the ring fencing on the public health services grant to local authorities will remain in place for at least a third year (2015/16). The ring fencing means that the grants, worth £2.6bn this year, can only be used by local authorities to fund services that improve the health of the local population.

Six CSUs form partnership

Six commissioning support units (CSUs) have announced that they are forming a strategic alliance. North and East London, North of England, South West, Staffordshire and Lancashire, Cheshire and Merseyside, and South CSUs have agreed to work together to share ideas and innovation, potentially share resources flexibly and use their collective buying power.

More funding for secondary care IT

An extra £240m for the 'Safer Hospital, Safer Wards' fund was announced on 4th September. Hospitals will bid for money to upgrade their IT to allow staff access to shared records and to facilitate electronic prescribing on wards,

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as part of the Government's challenge to the NHS to go paperless by 2018. These local IT developments will hopefully improve discharge information provided to primary care professionals, including community pharmacists.

UK – the addiction capital of Europe

The think-tank, The Centre for Social Justice, has claimed in its latest report that the UK is the addiction capital of Europe, with some of its highest rates of opiate addiction and dependence on alcohol.

The report, No Quick Fix, says the UK has become a hub for websites selling dangerous 'legal highs' or 'club drugs' which are being ordered online and delivered across the country by mainstream postal services. It also identified websites offering the chance for people to buy Class A drugs.

Language checks for doctors?

The Department of Health has issued a consultation document which proposes changes to the Medical Act 1983 to give the General Medical Council (GMC) more power to take action where concerns arise about a doctor's English language capability. The powers would allow the GMC to carry out assessments of language skills before an overseas doctor is allowed to treat patients.

NHS England to publish 'never events' listing

NHS England has announced that it will publish a list of the 'never events' – preventable patient safety incidents – that have occurred on a quarterly basis. The list will break down the data to an individual trust level so patients are able to see how individual hospitals are performing on patient safety.

Continuing healthcare claims a threat to CCG budgets

The Health Service Journal has reported that Clinical Commissioning Groups (CCGs) have inherited unfunded liabilities for hundreds of millions of pounds worth of continuing healthcare claims. Claims for continuing healthcare costs are made to cover the full cost of a person's out-of-hospital care, for example in a care home, where the primary need for that care is a health need (rather than a social care need). PCTs received a large number of retrospective claims following the setting of a deadline for anybody wishing to claim back the costs of care between 2004 and 2012. CCG leaders are now reporting that settling the claims could severely affect their finances.

PHE highlights new data and knowledge gateway

Public Health England has highlighted the range of information and tools available on its new Data and Knowledge Gateway. The website gives direct access to analysis tools and resources for public health professionals from one single portal.

Over 100 tools are available through the gateway. They cover a wide range of public health areas, including:

- specific health conditions – such as cancer, mental health, cardiovascular disease;
- lifestyle risk factors – such as smoking, alcohol, obesity;
- wider determinants of health – such as environment, housing and deprivation;
- health protection, and differences between population groups, including adults, older people and children;

The tools serve a range of public health information needs, including the commissioning and planning of services, joint strategic needs assessment, health surveillance, understanding inequalities and variation, research and evidence.

Secretary of State - NHS must fundamentally change to solve A&E problems

In early September, Jeremy Hunt, Secretary of State for Health, set out proposals to fundamentally tackle increasing pressures on A&E services in the long-term – starting with care for vulnerable older people with complex health problems.

He said fundamental changes mean joined-up care - spanning GPs, social care, and A&E departments - overseen by a named GP. Many vulnerable older people end up in A&E simply because they cannot get the care and support they need anywhere else.

Overall, the number of people going to A&E departments in England has risen by 32 per cent in the past decade, and by one million each year since 2010. The over-65s represent 17 per cent of the population, but 68 per cent of NHS emergency bed use. They also represent some of the NHS's most vulnerable patients, and those most at risk from failures to provide seamless care.

To support the NHS in the short term, the Government previously announced that they would make available an extra £500 million funding over the next two years. In the announcement the Health Secretary set out how £250 million would be used by 53 NHS Trusts this winter.

Of the £250 million:

- Around £62 million for additional capacity in hospitals – for example extra consultant A&E cover over the weekend so patients with complex needs will continue to get high-quality care;
- Around £57 million for community services – for example better community end of life care and hospices;
- Around £51 million for improving the urgent care services - for example for patients with long-term conditions;
- Around £25 million for primary care services – for example district nursing, to provide care for patients in their home, preventing them from being admitted to A&E;
- Around £16 million for social care – for example integrating health and social care teams to help discharge elderly patients earlier and prevent readmission and;
- Around £9 million for other measures – for example to help the ambulance service and hospitals work better together.

Secretary of State - the future of out of hospital care

In a speech to a King's Fund event on 12th September Jeremy Hunt described how he wanted to see the provision of 'out of hospital care' services develop.

He set out the challenges being faced by the NHS and on the question of future affordability, he said "We can afford good quality care for everyone – but only if we undertake a bold and radical transformation in the way out of hospital care is delivered."

The scale of changes necessary are significant and it is likely to take a four-year process to achieve change. This change should be based on the four groups of people the NHS has to look after:

1. Vulnerable older people;
2. Other people with long-term conditions who need help to manage their condition;
3. Mothers and young children; and
4. those people who are normally healthy and well and need the NHS to help them stay that way.

From April 2014, vulnerable older people will be the primary focus for the following 12 months. This group may only be a small proportion of the population, but they represent a significant cost to the NHS.

The underlying principles that will be applied are:

1. Prevention is better than cure;
2. Clinical leadership is key;
3. Accountability – one person needs to be responsible for the overall care of each vulnerable older person, with the power to make things happen quickly;
4. Any changes must be true to the founding principles of the NHS – the highest quality care and treatment for all, no matter who you are.

For the care of vulnerable older people, this means a move to proactive primary care, with a named GP for all patients in the cohort. The named GP will take responsibility for ensuring these patients have proper care plans and are supported to look after themselves. They should have time to contact their patients proactively, be able to decide how best out of hours care should be managed in their local area and be able to decide what support their most vulnerable patients get from district nurses.

The Secretary of State said he had asked Health Education England to recruit an additional 1000 GPs and increase the proportion of new doctors entering general practice to 50%. He also signalled the need for a dramatic simplification of the targets and incentives imposed on GP practices, to give them back the professional discretion to spend more time with the patients who need it the most.

He went on to describe the progress being made on the £3.8bn Integration Transformation Fund for health and social care which will be implemented in 2015-16. He announced that local integration plans that will need to be agreed by CCGs and local authorities will have to be put in place by April 2014 rather than the original planned date of April 2015.

The final element of the plans he described was the need for electronic health records to be available anywhere in the health and care system whenever a patient gives consent for them to be viewed by professionals.

RCP proposes reconfiguration of hospital services

A Royal College of Physicians commission on the future of hospital services has suggested that hospitals need to move to provision of full services seven days a week. This proposal supports similar proposals that are emerging from NHS England's review of urgent and emergency care.

NHS England delays publication of choice and competition guidance

A report to the September Board meeting of NHS England has revealed that it has had to delay publication of guidance for CCGs on how to use choice and competition as levers to improve standards of care. NHS England is continuing to work with Monitor on the guidance, but it is understood that the lack of evidence base for the benefit to patients is hampering its development.

Cross-party talks need on the future of the NHS

Liberal Democrat health minister Norman Lamb has told party conference representatives that the financial pressures on the NHS mean that a national conversation is needed on the long-term future of the service. He believes cross-party talks are required to consider how the long-term sustainability of the NHS can be guaranteed.

Mr Lamb also indicated that the Government would take forward the recommendation in the Francis Report to allow healthcare providers to be prosecuted for poor care and neglect.

GPs reporting high stress levels

The latest Department of Health funded survey of GPs' job satisfaction, stressors, hours of work and intentions to quit, undertaken by the University of Manchester has found that GPs are reporting the highest stress levels for 15 years.

13% of respondents had a formal role at a CCG and a further 15% said that they were their practice's commissioning lead. The majority of respondents agreed that GPs added value to pathway/service design, needs assessment, improving relationships with providers and contract negotiations/monitoring. However, respondents were divided on whether commissioning was part of their role as a GP.

Respondents expressed concerns about the impact that CCG introduction had had on their personal workloads, the time that they could spend on direct patient care and continuity of care. Respondents also reported that the introduction of CCGs had led to decreases in referrals and practice prescribing, and increased integration between

primary and secondary care. 68% of respondents thought that practice income should not be related at all to CCG performance.

The level of overall job satisfaction reported by GPs in 2012 was lower than in all surveys undertaken since 2001. On a seven-point scale, average satisfaction had declined from 4.9 points in 2010 to 4.5 points in 2012 in both the cross-sectional and longitudinal samples. The largest decreases in job satisfaction between 2010 and 2012 were in the domains relating to 'hours of work' and 'remuneration'.

In 2012, as in 2010, GPs reported most stress due to 'increasing workloads' and 'paperwork'; reported levels of stress increased between 2010 and 2012 on all 14 stressors. Reported levels of stress increased between 2010 and 2012 on all 14 stressors.

The proportion of GPs expecting to quit direct patient care in the next five years had increased from 6.4% in 2010 to 8.9% in 2012 amongst GPs under 50 years-old and from 41.7% in 2010 to 54.1% in 2012 amongst GPs aged 50 years and over.

GPs starting to rationalise workload

Pulse has reported that many GP practices have stopped providing the older GMS contract Directed Enhanced Services (DES) that were rolled over from the previous year. This change in service provision is understood to be related to workload increases under the contract changes implemented in April.

Data obtained by Pulse from NHS England suggests that take-up of the patient participation, alcohol and extended hours DES rolled over from 2012 has fallen by one-fifth year on year.

The patient participation DES saw the biggest drop in take-up, attracting 83% of practices in 2012/13, but just 58% this year. The extended hours DES fell in popularity from 73% to 61%, health checks for patients with learning disabilities saw sign-up reduce from 78% to 63% and the alcohol DES saw 67% of the practices signing up this year, compared with 78% last year.

GP contract negotiations split four ways

Pulse has reported that from 2014 the GP contract will no longer be negotiated on a UK-wide basis. For the first time NHS Employers will not conduct UK-wide negotiations with the General Practitioners Committee of the BMA, and will instead only negotiate terms for English GPs, as well as QOF terms for GPs in Wales. Entirely separate deals will be negotiated for Scottish and Northern Irish GPs.

CCG Board members' conflicts of interest

An investigation using the Freedom of Information Act conducted by Pulse has revealed that one in five GPs sitting on CCG boards have a financial interest in a healthcare provider which currently provides services to their own CCG. CCGs reported that procedures to safeguard against conflicts of interest are being fully followed.

Labour on General Practice

Speaking at the party's annual conference in Brighton, Lord Hunt, Labour's spokesman in the Lords, has said a Labour government should reform the GP contract and scrap GP-led commissioning and the purchaser-provider divide. Speaking at a fringe meeting he said the current GP contract may not be able to change sufficiently to meet the need for 24-hour services to reduce pressure on urgent and emergency care services. The comments followed Ed Miliband's reiteration of the party's policy on repealing the Health and Social Care Act.

Speaking at the Health Hotel question time event at the Labour party conference, Andy Burnham, shadow Secretary of State for Health said he opposed GP control and domination of commissioning via CCGs because it is not accountable and compromises the public interest. He went on to say that his plans for modifying the commissioning system were not another reorganisation and nor were they a local government takeover.

Pay rises linked to seven-day working

The Health Service Journal has reported that NHS Employers are arguing for the pay for the NHS workforce, covered by the Agenda for Change payment system, to be frozen for the second year running. It is also understood that they will argue that future pay increases should be linked to changes to working practices to help support more seven-day working.

Gradual fall in GP income continues

Figures from the Health and Social Care Information Centre (HSCIC) show a continuation of the gradual fall in contractor GP incomes from their peak at £110,000 in 2005/06. The average income before tax of contractor GPs was £103,000 in 2011/12, a drop of 1.1 per cent on 2010/11.

GP Earnings and Expenses 2011/12 provides figures on the earnings and expenses of full and part-time GPs across the UK and covers both their NHS and private income.

If you have any queries on this PSNC Briefing or you require more information, please contact Alastair Buxton, Head of NHS Services.

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